

## BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/15/62 701

## CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3	/	/				
4	/					
5	/					
6	/					
7		5				
8		5				
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24		4				
25		4				
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49						
50						
TOTAL IND.	6		↓	↓	↓	
TOTAL DEP.	43	←	←	←	←	
TOTAL CLAIMS	49					

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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98						
99						
100						
TOTAL IND.			↓	↓	↓	
TOTAL DEP.		←	←	←	←	
TOTAL CLAIMS						